Technical Review Testimony- by Julie Niles

Hello- my name is Julie Niles, I am a Registered Dental Hygienist and am currently NDHA President. I have been a registered dental hygienist for nearly 28 years, and have worked in a private practice general dentist office my entire career.

In my years of working in dental offices I have collaborated with 36 dental assistants and eleven dentists. My point to this information is this, the most important requirement for working in a successful and safe dental practice is to have quality, knowledgeable people to work with where each and every member of the office is vitally important for the day to go safely and smoothly.

I would like to address the dental assisting component of the NDHA proposal. **Criterion one:** Unregulated practice can clearly harm or endanger the health, safety, or welfare of the public.

As dental assisting stands now, many dental assistants are trained 'on the job', most generally by other 'on the job' trained dental assistants, with the dentist overseeing the process. If the dental assistant did graduate from an accredited dental assisting program in Nebraska this training is a total of eleven months with two of those months being spent in dental offices observing and later getting real office experience. Over the last 4 decades dentistry and dental assisting have changes dramatically with a dental assistant being delegated more and more responsibilities. This list outlines many of the duties such as: assisting the dentist with fillings, taking x-rays (with certification), polishing exposed enamel (with certification), helping with extractions, root canals, fillings, crowns, sealants, surgical procedures such as gingivectomies, tissue grafts, placing implants, removing excess or protruding bone from denture patients, and tissue recontouring. They are also responsible for disinfection and sterilization of the room, operatory equipment, sterilization of instruments, handpieces, and disposable armametaium. Other duties include being knowledgeable and compassionate when going over a patient's medical history, staying up to date on HIPPA rules and regulations, monitoring nitrous oxide, taking impressions, bite registrations, and current methods of mixing and dispensing appropriate amounts of dental materials.

In Nebraska, Statute, Rules and Regs., Education has not changed to reflect this trend of increased responsibility of the dental assistant. We are here today attempting to make changes that first and foremost safeguard the public and improve access to care for patients. It is important to regulate/license the proposed "Licensed Dental Assistants", who will be providing direct patient care that if done incorrectly could lead to negative results/outcomes/consequences. A dental assistant in Nebraska, who is at least 19 years of age, at this time could easily become a Licensed Dentals Assistant by; graduating from an accredited dental assisting program or have approximately 1 ½ years of full time experience working as an

'on the job' trained assistant, then taking and passing the Dental Assisting National Board Exam, jurisprudence exam and after becoming licensed fulfilling the continuing education requirements to keep up licensure. This license would then allow LDA's to perform expanded functions including, sealant placement, which is currently only allowed to be done by RDH's and DDS's as a part of their education and licensing. They could also fit and cement crowns on primary teeth, and take final impressions/records for dental prosthesis. At this time only dentists are allowed to provide these services for patients in NE.

Licensure benefits both the public and the individual dental assistant because essential qualifications for dental assistants are identified; a determination is made as to whether or not an individual meets those qualification; and an objective forum is provided for review of concerns regarding a dental assistants abilities when needed. Licensure benefits the dental assistant because clear legal authorization for the scope of practice of the profession is established. Licensure also protects the use of titles. Only a licensed dental assistant is authorized to use the title of LDA (Licensed Dental Assistant). Once a license is issued the BOD holds licensees to provisions defined in statute, and when necessary can take action against the licenses of those LDA's who have exhibited unsafe dental assisting practices. By providing a standard of education and regulated qualifications set forth by a governing body, proof can be established of minimum qualifications of knowledge and ability. This would be very valuable information in a law suit situation that could occur in a dental practice.

You, the technical review committee, have asked for evidence of harm by the work of dental assistants. It is difficult to provide evidence as the supervising DDS would be disciplined in the event of inferior work by a DA as the BOD has no authority to regulate or discipline a DA. In the case, Brown vs Rainbow Dental the jury found a dental assistant had allowed a patient to swallow impression material which resulted in surgery to remove the material from Brown's colon. Of course, accidents happen to the best medical professionals. This case demonstrates that dental assistants are providing services that can result in negative consequences if done incorrectly. Certainly the dental literature and research indicates that if procedures are done incorrectly the consequences are numerous and include: Chemical burns, dental pain, TMJ pain, headaches, pain upon eating, additional visits to the DDS, poor self-cleansing of the tooth, food impaction, dental decay, secondary dental decay, gingival inflammation, periodontal disease, and possible tooth loss.

It is imperative that all oral health professionals have the necessary knowledge and psychomotor skills to achieve excellent outcomes when placing dental restorations. Dental restorations are ideally made to blend smoothly with the contours of the natural tooth being restored. If the filling is too large, or the margins overhang the edge of the tooth, food and

bacterial plaque can accumulate along the margins. If the filling is too small and there is space between the teeth, food and bacteria will accumulate. Both circumstances will lead to inflammation, periodontal disease, systemic health problems, tooth decay, and eventual tooth loss. As a dental hygienist one of my primary roles is to create an environment that the patient can keep clean. NDHA feels the proposal to allow RDH's to take the necessary courses in accredited institutions, and pass a third party clinical competency exam would adequately prepare them to safely provide the service to the public. We feel a natural progression will develop to allow dental assistants to safely provide this service, but feel the step of licensure with more limited duties should be taken first. The proposed pathway by the NDA/NDAA does NOT require any accredited education. This is of concern.

28 states allow Nitrous Oxide monitoring by dental assistant primarily under Direct Supervision. 10 states allow dental assistants with formal education in Expanded Functions under direct supervision to administer/initiate nitrous oxide sedation. Here in Nebraska when I looked up the education given to dental assistants in accredited dental assisting programs I found information on who it is safe to use nitrous oxide on and who it is not safe to use nitrous oxide on but there was no information on what to look for when monitoring a patient on nitrous oxide. In the dental hygiene clinical practice handbook there was a list of signs and symptoms to monitor for different levels of nitrous oxide sedation. (I will pass a copy of this information out to the TR committee) This monitoring signs and symptoms list should be mandatory information to utilize for the process of monitoring patients on nitrous oxide, without this information a patient could easily become over-sedated creating dangerous situations especially in children.

In summary, Will unregulated practice clearly harm or endanger the health, safety, or welfare of the public? Yes, as I outlined earlier harm may come from the services proposed by the NDHA as well as the NDA/NDAA proposal. The duties to be delegated to DA require education, demonstrated competency levels to safeguard the public. Changing statute to require at minimum – experience, passing a written competency exam, and required course work will allow the BOD to have authority over Licensed Dental Assistants.

Regulation of this profession does not impose significant new economic hardship on the public, significantly diminish the supply of qualified practitioners, or otherwise create barriers to services that are not consistent with the public welfare, as these regulations are already in place for dentists and dental hygienists.

The NDHA Proposal does increase the role of the Dental Assistant to include expanded functions of sealant placement, final impressions for permanent prosthetics (dentures, partials, crown, bridges, implants) and fit and cement crowns on primary teeth. The later two are currently restricted to dentists in Nebraska at this point. This proposal would increase the capacity of the dental practice to provide care to more patients in a more cost effective manner that would allow Medicaid patients to be seen by a member of the dental team with a lower overhead cost keeping the subsequent reimbursement levels adequate to cover the cost of treatment.

The public needs assurance from the state of initial and continuing professional ability..

We feel that the NDHA proposal does not go too far at this time in delegating duties to Dental Assistants. The proposal for expansion of duties and licensure is a natural progression for dental assistants and the public will be safeguarded under this proposal. The BOD will have the authority to require continuing competency under the Uniform Credentialing Act. In a state where tattoo artists and paid dining aides, who have statutes and regulations requiring minimum standards of coursework, competency evaluation and placement on a state registry for feeding another person, or marking them with ink, we would sure hope that using acid etch and sharp instruments in someone's mouth would garner much more consideration and department oversight.

The NDA/NDAA proposal for an EFDA, in our opinion, goes too far in allowing duties/procedures with a pathway that requires NO accredited/formal education. We (NDHA) forced the subject of education within the task force. It was an area that became obvious we could not agree upon. The majority of states that allow expanded functions require an accredited formal education. Due to their formal education there is a wealth of knowledge that dentists and dental hygienists have. NDHA, as well as most states, see the importance of requiring formal education for expanded function dental assistants. The pathway in the NDA/NDAA proposal allows 'on the job' trained assistants to progress into EFDA's without educational perameters. A formal education would give greater assurance for professional ability. As professionals, we believe in utilizing each member of the dental team to the highest level of their education and training. We see value in educated and trained LICENSED dental hygienists and LICENSED dental assistant to provide care in our state, and safeguarding the public by requiring licensure for dental assistants is paramount.

The public cannot be protected by a more effective alternative.

The work of the task force found that OJT DA's were necessary as to NOT impose significant new economic hardship on the public. It will be imperative that the entire dental team

understands the role of all licensed and unlicensed team members. Licensed team members must post their license for public view.

ON a final note I want to add just one more thought.

Dental disease has been at the top of the list for Medicaid medical afflictions for many years here in the state of Nebraska. Dental disease is costing our state in excess of $25 million dollars per year, $25 million…… A survey was performed several years ago assessing the amount of money that could be saved by preventive services to Medicaid recipients and it was determined that for every $1 dollar spent on preventive services $8 was saved in restorative services. Dental hygienists are specialist in preventive oral care services and by being allowed to bring these preventive services to nursing homes, hospitals, assisted living centers, and schools in a manner that allowed more accessible re-imbursement from Medicaid just think of how much money we could save the state of Nebraska in Medicaid costs. For example, it is estimated that 60% of pneumonia cases in the elderly population are due to the bacteria inhaled into their lungs from the oral cavity. If you have ever looked into the mouth of a nursing home resident you would see exactly how this could happen. By providing oral care through expanded functions to this group of people, hygienist could greatly reduce the bacterial levels in their mouths and thus reduce the number of residents contracting pneumonia. One hospital visit for pneumonia cost Medicaid on average $40,000 dollars. This is just one example of how preventive oral care can greatly affect our state's Medicaid costs. By allowing dental hygienists to utilize their full scope of services in public health arena's it could reduce the amount of Medicaid costs in our state significantly. Prevention is the only way to get out of the disease cycle. The treatment of disease does not prevent disease, prevention prevents disease!!

I want to thank you for your attention and thoughtful consideration of our proposal.